Immigration Privacy Release Form

Return to: Congresswoman Anna G. Eshoo

698 Emerson Street Palo Alto, California 94301 650-323-3498 (fax)

Last Name:						
First Name:						
Address:						
_						
E-mail:				-		
Address at time	of filing (if di	ferent):				
I am the (please				ionship to Pe	titioner:	
Date of Birth:			Country of Birth:			
Alien Registratio	on Number (A	#):				
Receipt Number	(i.e. WAC #)					
Priority Date:			Date of last fingerprints:			
Form Filed:						
I-129 ()	I-130	I-140	I-360	I-485	I-824	N-600
I-600	I-526	_ N-400 _	N-643 _	I-600A	I-539	N-565
G-639	I-131	I-751	I-765	I-60	1 I-612 _	I-90
I-821 J-1 waiver				Labor	I-730	
This application	is currently p	ending with	the following	office:		
Have you contac	ted any other	Representati	ves or Senato	ors about this	s issue?	
No	Yes, Representative/Senator				on	

Last Action by the agency:
Duiof description of Duoblems
Brief description of Problem:
I, certify, under penalty of perjury, that 1) I provided or
(please print name)
authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this
information is complete, true, and correct. I am authorized to release this information because
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Furthermore, I authorize any federal agency to release information contained in my records as relevant to
resolving my case referenced above, and to the extent permitted by law, to Congresswoman Anna G. Eshoo and members of her staff in accordance with the provisions of the Privacy Act of 1974 (<u>5 U.S.C. § 552a</u>).
and members of her start in accordance with the provisions of the rilivacy Act of 1974 (5 0.5.C. § 552a).
Signatur
Today's Da

^{*}If you are requesting an expedite for your application, please enclose a <u>separate</u> letter with the request clearly stated and <u>attach supporting documentation</u> showing emergent need (i.e. note from physician).